

Chancel Primary School

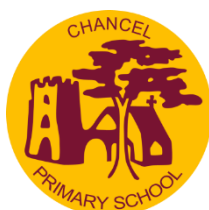
Wolseley Road, Rugeley, Staffordshire, WS15 2EW

01889 228710

office@chancel.staffs.sch.uk

www.chancelprimary.co.uk

Admission Form



WE WILL REQUIRE A COPY OF YOUR CHILD'S FULL BIRTH CERTIFICATE WITH THIS APPLICATION.

| CHILD'S DETAILS | | | | | | | | |
|------------------------------------------------------------------------------|--|-------------------------------|------------------------------------------|-----------------------------|---|---|---|---|
| Child's Legal Surname | | | | | | | | |
| Child's Legal Forenames | | | | | | | | |
| Child's Chosen Name | | | | | | | | |
| Date of Birth | | Male <input type="checkbox"/> | Female <input type="checkbox"/> | | | | | |
| A copy of your child's birth certificate must be seen on entry to the school | | | Office use only <input type="checkbox"/> | | | | | |
| Full Postal Address (including postcode) | | | | | | | | |
| | | | | | | | | |
| Ethnicity (Optional) | | | | | | | | |
| Country of Birth (Optional) | | | | | | | | |
| Home Language (Optional) | | | Religion | | | | | |
| Present School or Nursery | | | | | | | | |
| Will your child still attend another school/nursery? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | |
| Nursery Contact Number | | | Days Attending | M | T | W | T | F |
| Nursery Address | | | | | | | | |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|
| Is the child in the care of a Local Authority | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| Has the child previously been in the care of the Local Authority but has since been adopted (or become subject to a residence order or special guardianship order since being in public care) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| If 'Yes' to either of the above, please provide Social Worker and Local Authority contact details in the box below. | | | | | | |
| | | | | | | |
| Is the child from a returning Service/Crown Servant family? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| Does the child have a statutory statement of educational need or Education, Health and Care Plan? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| DETAILS OF PERSON COMPLETING THIS FORM – YOU WILL BE PLACED AS PRIORITY 1 CONTACT UNLESS YOU ADVISE OTHERWISE | | | | | | |
| Priority 1 | Parental Responsibility | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Relationship to child | | | | | | |
| Surname | | Mr | Mrs | Miss | Ms | Dr |
| First Names | | | | | | |
| Contact Numbers | Home | | Mobile | | Work | |
| Email Address | | | | | | |
| Full Postal Address (if different to above) | | | | | | |
| PLEASE GIVE DETAILS OF ALL PERSONS WHO HAVE PARENTAL RESPONSIBILITY AND ANYONE ELSE YOU WISH TO BE CONTACTED IN AN EMERGENCY. PLACE THEM IN THE ORDER YOU WISH FOR THEM TO BE CONTACTED IN AN EMERGENCY. | | | | | | |
| Priority 2 | Parental Responsibility | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Relationship to child | | | | | | |
| Name | | | | | | |
| Contact Number | | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | |
| Full Postal Address (including postcode) | | | | | | |
| This contact has permission to collect child from school | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |

If you are caring for someone else's child for more than 28 days and are not an immediate relative, you may be privately fostering and it is a legal requirement that you contact the local authority on 0800 131 3126. Further information is available at www.staffordshire.gov.uk.

| | | | |
|----------------------------------------------------------|--------------------------------|-------------------------------|---------------------------------|
| Priority 3 | Parental Responsibility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Relationship to child | | | |
| Name | | | |
| Contact Number | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Full Postal Address (including postcode) | | | |
| | | | |
| This contact has permission to collect child from school | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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|----------------------------------------------------------|--------------------------------|-------------------------------|---------------------------------|
| Priority 4 | Parental Responsibility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Relationship to child | | | |
| Name | | | |
| Contact Number | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Full Postal Address (including postcode) | | | |
| | | | |
| This contact has permission to collect child from school | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| Travel Arrangements - Please tick the appropriate choice of how you child will travel to school | | | | Bicycle <input type="checkbox"/> | Train <input type="checkbox"/> | Car/Van <input type="checkbox"/> | Walk <input type="checkbox"/> |
| Taxi <input type="checkbox"/> | School Bus <input type="checkbox"/> | Car Share <input type="checkbox"/> | Public Bus <input type="checkbox"/> | Other <input type="checkbox"/> | Please specify: | | |
| Dietary Needs | Free School Meal <input type="checkbox"/> | Paid School Meal <input type="checkbox"/> | Sandwiches <input type="checkbox"/> | Home <input type="checkbox"/> | Other <input type="checkbox"/> | | |

| | | | | | | | |
|----------------------------------------|--|--|--|--|--|--|--|
| MEDICAL INFORMATION | | | | | | | |
| Medical Practice | | | | | | | |
| Address | | | | | | | |
| Contact Number | | | | | | | |
| Details of Medical Condition(s) | | | | | | | |
| Medical Note(s) | | | | | | | |
| Record of Immunisation including dates | | | | | | | |
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| MEDICAL CONSENT | | | | | | | |
| In the event that my child is involved in a serious incident while at the setting and requires immediate medical treatment before I arrive, I authorise Managers, or a delegated member of staff, to consent to emergency medical treatment on my behalf. I understand that authorisation will remain unless I contact the school in writing to withdraw it. | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| I consent to a member of staff applying a plaster in the event of an accident if necessary | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| I consent to a member of staff applying sun cream to my child in hot conditions | | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Please note that if your child requires administration of medication for an ongoing condition such as Asthma, you will be required to complete a Health Care Plan, please speak to the school office to make us aware. | | | | | | | |

| USE OF CAMERAS AND MOBILE PHONES | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| I have read the enclosed 'Use of Cameras and Mobile Phones in Nursery and Reception document | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I/We give permission for my/our child to have their photograph taken for the purposes mentioned in the document | | |
| I/We also agree to photographs of my/our child being taken in a group of 2 or more children being included in other children's learning journeys | | |
| I/We give permission for my/our child's observations to be collected and stored using the '2 Simple' ipad application and to be emailed to the email address I/we have provided | | |
| <p>Occasionally, we may take photographs of the children at our school. We may use these images in our schools prospectus or in other printed publications that we may produce, as well as on our website or on project display boards at our school. We may also make video or webcam recordings from school-to-school conferences, monitoring or other educational use.</p> <p>From time to time, our school may be visited by the media who will take photographs or film footage of a visiting dignitary or other high profile event. Pupils will often appear in these images, which may appear in local or national newspapers, or on televised news programmes.</p> <p>In compliance with the GDPR Act 2018, we need your permission before we can photograph or make any recordings of your child for non-educational purposes. Please answer the questions below indicating your permission preferences.</p> | | |
| I consent to my child's photograph appearing in the school prospectus and other printed publications that are produced for promotional purposes or on project display boards | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I consent to my child's image appearing on the school's website. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I consent to my child's image being recorded on video or webcam | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I consent to my child's image appearing in the media (for example photographs in newspapers/ media websites, moving images on television and voice recordings on radio). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| EDUCATIONAL VISITS | | |
| <p>To broaden children's learning experiences we aim to visit the wider community during the school hours when appropriate. This might be to a local park, local shops or other amenities. These visits will relate to our current topics and might be spontaneous, for example, following rain or a snowfall. The appropriate staff/child ratio will be maintained at all times. Please complete the permission below which will cover your child for all such visits during your child's attendance. Please note that should we arrange educational visits requiring transport, parents/carers will be notified in advance and a separate consent form will be issued.</p> | | |
| I/We give permission for my/our child taking part in educational visits undertaken during any school year locally on foot. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Signed by.....

Dated.....

The signature must be a person with parental responsibility under the Children's Act (1989)